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MAIL STOP AF	Kenneth F. Smolik	APR () () 2003
COMPANY:	DATE:	
USPTO	April 4, 2005	
FAX NO.:	TOTAL NO. OF PAGES: (in	ncluding cover shee:)
(703) 872-9306	14	
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) N	10.:
09/868,708	05222.00167	

RE:

In re: Appln. Eric Jeffrey Lannert

Appln. No. 09/868,708 Filed: October 22, 2001

For: A Goal Based System Utilizing a Time Based Model

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PTO: \$2/21 (09-04)
Approved for use through n 07/31/2008, Of 19 0651-0031
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09/868,708 Application Number TRANSMITTAL 10/22/2001 Filing Date **FORM** Eric Jeffrey Lannert First Named Inventor 2121 Art Unit Hirl, Joseph F Examiner Name (to be used for all correspondence after initial filling) **Attorney Docket Number** 05222.00167 Total Number of Pages in This Submission ENCLOSURES (check all that apply) After Allowance Communication to TC Fee Transmittel Form (a)gniward 🔲 Appeal Corr munication to 3oard Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Con munication to TC Petition Amendment / Reply (Appeal Notir e, Brief, Reply 3rief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Lette · Affidavits/declaration(s) Change of Correspondence Address M Terminal Disclaimer Other Enck sure(s) Extension of Time Request (please ident y below): Fax Cover Shert Request for Refund Express Abandonment Request CD, Number of CD(6) \_\_ Landscape Table on CD Information Disclosure Statement The Commissioner is authorized to debit or credit any Remarks Certified Copy of Priority overpayment or deficiency from our Deposit Account No. 1 -0733. A duplicate of the Document(s) fee sheet is enclosed. Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1,52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Banner & Witcoff, LTD. Signature Printed Name Kenneth F. Smolik Reg. 44,344 Date 04/04/2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner fc Patents, P.). Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

PTO/SE/17 (12-04v2)
Approved t at use through (7/31/2006, OMB 0661-0032
U.S. Patent and Trademark (1706; U.S. DEP, RTMENT OF COMMERCE

Complet: If Known

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FEE TRANSMITTAL for FY 2005			Application Number	09/868,708				
				Filing Date	10/22/2001			
101 F 1 2005				First Named Invento	, Eric Jeffery Lar nert			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	Hirl, Joseph P.			
TOTAL AMOUNT OF PAYMENT (S) 130				Art Unit	2121			
			Ţ.	Attorney Docket No.	05222.00167			
METHOD OF PAYN	IENT (check	all that apply	)					
☐ Check ☐ Credi	t Card D	foney Order	None C	ther (please ident	ify) :			
Deposit Account	Deposit Account Deposit Account Number: 19-0733  Deposit Account Name: Bar ner & Witcoff, LTD.							
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Information and author	en this form in: <b>Lation on PTO-</b>	19 become publi 2038,	c. Creon caro init	ormation should no	t be included on this form	1. Provide · 1	TOK COM	
FEE CALCULATIO	N	•						
1. BASIC FILING,	SEARCH, A	ND EXAMINA	TION FEES		_			
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Utility	300	150	500	250		100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM	1 FEES						Small Entity	
Fee Description						Fee (\$)	<u>Fee (\$)</u>	
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<u>Total Claims</u>		Claims	Fee(\$)	Fee Paid (\$)		Multiple	Dependent Claims	
20 or	HP=	×				Fee ( §	<u> Fee Paid (\$)</u>	
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Indep. Claims		Claims	Fee(\$)	Fee Paid_(\$)				
- 3 or HP= x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets</u> Extra Sheets Number of each additional 50 or fraction thereof <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
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4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Terminal Disclaimer								
SUBMITTED BY								
	11.	12	- ~ .	Registration No			• 312.463.5000	
Signature		•	molek	/ [Altomey/Agen	() <del>***</del> ,5 <del>***</del>	Teleph:n	·	
Name (Print/Type)	Kenneth F.	Smoli <u>k</u>				Deta	04/04/2005	

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Effective on 19/09/2004

FTO/SB/17 (12-04v2)
Approved for use through 17/31/2006, OMB 0651-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).			Complexs if Known					
FEE TRANSMITTAL			Application Num	ber 09	V868,708			
for FY 2005			Filing Date	10	/22/2001			
101112005			First Named Inve	entor Eri	ic Jeffery La	nert		
Applicant claims	small entity s	tatus. See 37	CFR 1.27	Examiner Name	Hi	n, Joseph P.		
TOTAL AMOUNT OF PAYMENT		<b>(\$)</b> 130		Art Unit	21	21		
				Attorney Docket	No. 05	222.00167		
METHOD OF PAY	METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
Deposit Account	•	_					ner & Wito	ff, LTD.
			i, the Director is	hereby authorize	ed to: (che	ck all that a	φly)	
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WARNING: Information	or 37 CFR 1.16 on this form ma	ry become pub	dic. Credit card i	nformation should	not be inc	luded on this	form. Provide :	redit card
Information and authori FEE CALCULATIO	zation on PTO-2	1038.						
		N						
1. Basic filing,		ND EXAMIN i FEE8		ARCH FEES		EVAMIN	ATION FEE:	•
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Application Typ			<u>Fe</u>	e(\$) Feet	\$)	Fee(\$)	Fee(\$)	Eges Pald (\$)
Utility	300	150	50			200	100	
Design	200	100	10			130	65	
Plant	200	100	30			160	80	
Reissue	300	150	50	250		600	300	
Provisional	200	100	(	0		0	0	
2. EXCESS CLAIN	1 FEES							Small Entity
Fee Description							<u>Fee (\$)</u>	Fee (\$)
Each claim over 20							50	25
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Total Claims		Claims	Fee(\$)	<u>Fee Paid (\$</u>	`		360 Multiple	180 <u>: Dependent Claims</u>
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3 or l		х			•			
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION S	IZE FEE							1
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each addition at 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction there if Fee (\$) Fee Paid (\$)								
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Terminal Disclaimer								
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SUBMITTED BY	7/	1-1		Registration	No			
Signature	Elm		molek	(Altomay/Ap		,344	Telepho	312.483.5000
Name (Print/Type)	Kenneth F. S	imolik					Date	04/04/2005

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